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5514

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08/19/2004

FITZPATRICK CELLA HARPER & SCINTO
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

11/22/2004 NNGUYEN2 00000054 10616935

01 FC:1501

1370.00 OP

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10616935	07/11/2003	Yasuyuki Hirai	03500.017396	3028

TITLE OF INVENTION: INK JET RECORDING APPARATUS AND RECOVERY MECHANISM PORTION OF INK JET RECORDING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXXX \$1370	\$300	XXXX \$1670	11/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HSIEH, SHIH WEN	2861	347-029000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fitzpatrick, Cella,
Harper & Scinto

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Canon Kabushiki Kaisha

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 5☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 06-1205 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) Mark A. Williamson (Date)

Mark A. Williamson, Reg. No. 33,628 11/19/04

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